



## CERTIFICATE OF MAIL(37 CFR 1.8)

PATENT

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Date: 08/11/2004

Patti Hespelf

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

SERIAL NUMBER 09/742,507	FILING DATE 21 DEC 2000	FIRST NAMED INVENTOR GILL	ATTY. DKT. NO. T732-10
TITLE USER FRIENDLY ELECTRONIC PROGRAM GUIDE BASED ON SUBSCRIBED CHARACTERISATIONS		ART UNIT 2614	EXAMINER SHELEHEDA, JAMES R.

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

INFORMATION DISCLOSURE STATEMENT

In accordance with the provisions of 37 C.F.R. §1.97, Applicants hereby wish to make of record the references listed on the accompanying PTO Form SB/081 for consideration by the Examiner in the examination of the above-identified patent application. Copies of the patent documents are enclosed.

This Information Disclosure Statement is being submitted:

- ☐ (1) within three (3) months of the filing date, entry into national phase in an international application or before the mailing date of the First Office Action; or
- ☒ (2) after the period defined in (1) above but before the mailing date of a Final Rejection or Notice of Allowance, and
- ☐ Certification is made below, or
- ☒ The check, or authorization to charge deposit account no. 501535, in the amount of the fee set forth by 37 C.F.R. §1.17(p) is attached.
- ☐ (3) after the mailing date of a Final Rejection or Notice of Allowance but before the payment of the Issue Fee, and
- ☐ Applicant hereby Petitions the Commissioner to consider the attached references; Certification is made below and the fee is included.

Attached hereto is Form PTO-SB/08A listing documents believed to be relevant to the above-captioned application. It is respectfully requested that these documents be considered by the Examiner. The relevance of each non-English document will be discussed as follows:

**REMARKS:**

This disclosure statement should not be construed as a representation that a search has been made or that no other material information as defined in 37 C.F.R. § 1.56(a) exists.

It is believed that this disclosure complies with the requirements of 37 C.F.R. §§ 1.56, 1.97, and 1.98, and the Manual of Patent Examining Procedures § 609. If for some reason the Examiner considers otherwise, it is requested that the undersigned be contacted by telephone promptly so that any deficiency can be remedied.

Some of the documents may have markings thereon. No significance is intended to be attached to the markings.

The submission of these documents is not intended to be deemed an admission that they constitute analogous art.

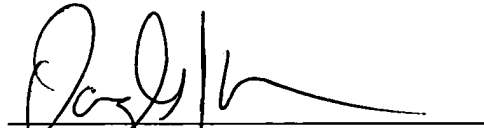
**CERTIFICATION**

Applicant(s) certify that:

- ☐ (1) Each item or reference was cited in a communication from a foreign patent office in a corresponding foreign application not more than three months prior to the filing date of the Statement; or

- ☐ (2) No item or reference was cited in a communication from a foreign patent office in a corresponding foreign application or, to the knowledge of the Applicant(s), was not known more than three months prior to the filing of the Statement.

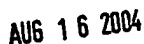
Respectfully submitted,



Douglas J. Ryder  
Reg. No. 43,073

Date: 08/11/2004

Expanse Networks, Inc.  
6206 Kellers Church Road  
Pipersville, PA 18947  
(215)721-2100



Approved for use through 07/31/2006. OMB 0651-0031

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Substitute for form 1449/PTO

08/11/04

(Use as many sheets as necessary)

Sheet	1	of	1
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**Complete if Known**

Application Number	09/742507
Filing Date	21 DEC 2000
First Named Inventor	GILL
Art Unit	2614
Examiner Name	SHELEHEDA, JAMES R
Attorney Docket Number	T732-10

[illegible]

FOREIGN PATENT DOCUMENTS						
Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear	T <sup>6</sup>
		Country Code <sup>3</sup> -Number <sup>4</sup> -Kind Code <sup>5</sup> (if known)				
	BD	WO9904561	01-01-1999	ALEXANDER		
	BE	WO9827723	06-01-1998	YUEN		

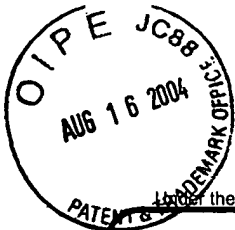
Examiner  
Signature

Date Considered	
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. <sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> See Kinds Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04. <sup>3</sup> Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). <sup>4</sup> For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. <sup>5</sup> Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. <sup>6</sup> Applicant is to place a check mark here if English language Translation is attached.

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ ) 0.00\*\*

## Complete if Known

Application Number	09/742,507
Filing Date	21 DEC 2000
First Named Inventor	GILL
Examiner Name	SHELEHEDA, JAMES R
Art Unit	2614
Attorney Docket No.	T732-10

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number: 501535  
Deposit Account Name: Expanse Networks, Inc.

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) or any underpayment of fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	770	2001	385	Utility filing fee	0.00
1002	340	2002	170	Design filing fee	0.00
1003	530	2003	265	Plant filing fee	0.00
1004	770	2004	385	Reissue filing fee	0.00
1005	160	2005	80	Provisional filing fee	0.00
SUBTOTAL (1)					(\$ ) 0.00

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra Claims	Fee from below	Fee Paid
Total Claims	56	-56** = 0	X 9.00	= 0.00
Independent Claims	2	- 2** = 0	X 43.00	= 0.00
Multiple Dependent				

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ ) 0.00

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	420	2252	210	Extension for reply within second month	
1253	950	2253	475	Extension for reply within third month	
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1,005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,330	2453	665	Petition to revive - unintentional	
1501	1,330	2501	665	Utility issue fee (or reissue)	
1502	480	2502	240	Design issue fee	
1503	640	2503	320	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	**Fee pd electronically
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	770	2810	385	For each additional invention to be examined (37 CFR 1.129(b))	
1801	770	2801	385	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ ) 0.00

## SUBMITTED BY

(Complete if applicable)

Name (Print/Type)	Douglas J. Ryder	Registration No. (Attorney/Agent)	43,073	Telephone	(215)766-2100
Signature		Date	August 11, 2004		

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/21 (08-00)  
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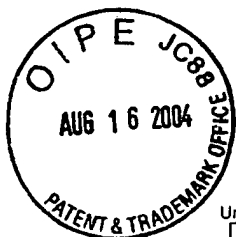
<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i> <b>CUSTOMER NUMBER</b> 27832	<b>Application Number</b>	09/742,507	
	<b>Filing Date</b>	21 DEC 2000	
	<b>First Named Inventor</b>	GILL	
	<b>Group Art Unit</b>	2614	
	<b>Examiner Name</b>	SHELEHEDA, JAMES R	
<b>Total Number of Pages in This Submission</b>	48	<b>Attorney Docket Number</b>	T732-10

<b>ENCLOSURES (check all that apply)</b>		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
<b>Remarks</b> Cited References (39 pgs.) Return Receipt Postcard Copy of Electronic Filing Fee Receipt Certificate of Mailing		

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>	
Firm or Individual name	Technology, Patents and Licensing, Inc. Douglas J. Ryder, Reg. No. 43,073
Signature	
Date	8/11/04

<b>CERTIFICATE OF MAILING</b>	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313 on this date: 11-Aug-2004	
Typed or printed name	Patti Hespell
Signature	
Date	8/11/04

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on 8/11/04  
Date

1. Transmittal (1 pg.)
2. Fee Transmittal in duplicate (2 pgs.)
3. Information Disclosure Statement (3 pgs.)
4. PTO SB/08A (1 pg.)
5. Cited References (39 pgs.)
6. Copy of Electronic IDS Filing Fee Receipt (1 pg.)
7. Return Receipt Postcard

  
Signature

Patti Hespell

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

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## FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

<b>Title of Invention</b>	User-friendly electronic program guide based on subscriber characterizations										
Application Number: 09/742507 *09/742507* Date: 2000-12-21 First Named Applicant: Komlika Gill Attorney Docket Number: T732-10 Art Unit: 2614 Examiner: James R Sheleheda											
<b>TOTAL FEE AUTHORIZED \$180</b>  Patent fees are subject to annual revisions on or about October 1st of each year.											
BASIC FILING FEE											
<table border="1"> <thead> <tr> <th>Fee Description</th> <th>Fee Code</th> <th>Amount \$</th> <th>Fee Paid \$</th> </tr> </thead> <tbody> <tr> <td>Submission Of Information Disclosure Stmt Fee</td> <td>1806</td> <td>180</td> <td>180</td> </tr> </tbody> </table>				Fee Description	Fee Code	Amount \$	Fee Paid \$	Submission Of Information Disclosure Stmt Fee	1806	180	180
Fee Description	Fee Code	Amount \$	Fee Paid \$								
Submission Of Information Disclosure Stmt Fee	1806	180	180								
<b>AUTHORIZED BILLING INFORMATION</b> The commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit account number: 501535 Access Code ***** Deposit name: Expanse Networks Inc. Deposit authorized name: Patti Hespell Signature: /plh/ Date (YYYYMMDD): 2004-08-11  Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.											